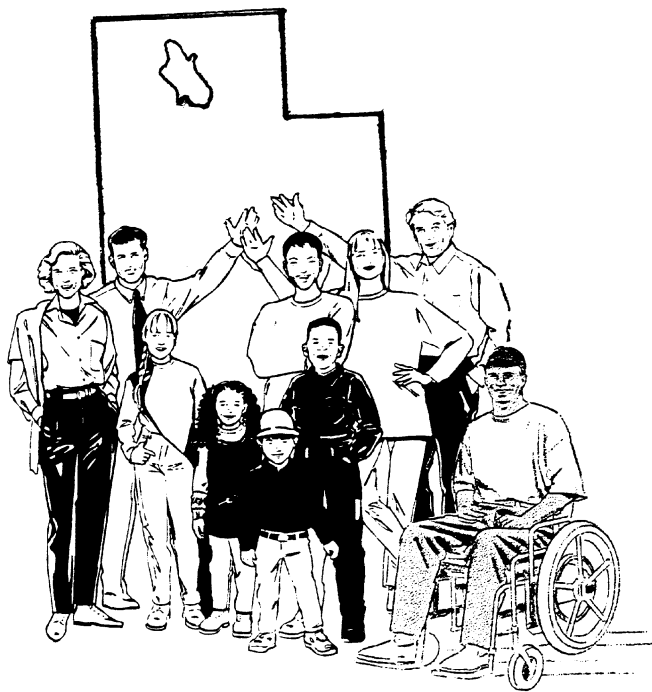


Exploring Medicaid



Wasatch Front

Davis, Salt Lake, Utah and Weber Counties

Who to Call for Help

Name	Phone
Medicaid Information Line:	538-6155 or 1-800-662-9651
My Health Plan:	
My Health Program Rep:	
My Eligibility Worker:	
My Doctor:	
My Pharmacy:	
My Mental Health Center:	
My Dentist:	

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Welcome

Welcome to Medicaid. We want you and your family to get the health care that you need. This booklet was written to help you learn how to use Medicaid.

You must apply to receive Medicaid benefits. To apply contact your local DWS (Department of Workforce Services) or BES (Bureau of Eligibility Services) office. Or, you may also call the Medicaid Information Line. The phone numbers are in the back of this book in “The Resources” section.

What if my English is not very good or I am hard of hearing?

We know that it may be hard to understand us if English is not your first language or if you are hard of hearing. Please ask us for an interpreter who speaks or signs your language to explain the Medicaid Program. Interpreters are free and available in all languages including sign language. Your Health Plan also has interpreters.

May I get this booklet in another language or format?

Yes, we also have this booklet and other important information in Spanish. You can also get this booklet on audio tape or compact disk (CD) in both English and Spanish.

Services for people who are hard of hearing or have speech problems

If you are hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128.

This is a telephone relay service or TTY/TTD that is a free public service.

If you speak Spanish, you can call Spanish Relay Utah at 1-888-346-3162.

If you have a hard time speaking, you can call 1-888-346-5822
and a specially trained person will help you.

Tell us if you need someone to translate for you. We will find someone who speaks or signs your language to explain our programs. Your Health Plan will also provide someone to translate for you. If you need help getting translation call:

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651

Diganos si usted necesita a alguien que traduzca para usted. Nosotros encontraremos a alguien que hable su idioma para que le explique nuestros programas. Su Plan de Salud y otros planes también le proveerán con alguien que traduzca para usted.

How do I find out about choosing my Health Plan?

- ◆ If you received your benefits from the Department of Workforce Services (**DWS**), you will attend a class with your Health Program Representative (HPR).
- ◆ If you received your benefits from the Bureau of Eligibility Services (**BES**), your Eligibility worker will help you.

Choose a Health Plan or one will be chosen for you.

What is an HPR? (Health Program Representative)

An HPR works with the Medicaid program. HPRs usually work in DWS offices.

- ◆ Your HPR teaches classes about Medicaid benefits.
- ◆ During class your HPR will talk to you about the Health Plans in your area.
- ◆ Choose a Health Plan that will work best for you.
- ◆ You can change your Health Plan by contacting your HPR or BES worker.
- ◆ A list of HPR phone numbers in the back of this book in “Resources”.



The Basics

What is a Health Plan?

If you live in Utah, Salt Lake, Davis or Weber Counties you **must** choose a Health Plan for your medical care. A Health Plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If a Health Plan doesn't meet your medical needs, talk to your HPR to see if you can not have a Health Plan on your Medicaid card for a short time..

Know your Health Plan and find out how it works. You may be contacted by your Health Plan and be asked questions about your medical needs. Your Health Plan must obey all federal and state laws.

- ◆ The Health Plan is paid every month for you to be a member.
- ◆ The name of your Health Plan prints on your Medicaid card.
- ◆ You must use a doctor, clinic or hospital that takes your Health Plan or your bills may not be paid.
- ◆ Your provider will know where to send the bill.
- ◆ You have the right to receive information about your Health Plan each year.

Your Health Plan or Medicaid pays your doctor.
If your doctor is paid less than the full amount, your doctor can't charge you for the rest of the bill for Medicaid covered services.

The Health Plan won't be on your card the first month and sometimes the second month. If there is no Health Plan on your card you can use any provider that accepts Medicaid.

People who are in a nursing home for a long time don't have to have a Health Plan selection.

For decisions made by Medicaid:

- ◆ Call your HPR or
- ◆ Call the Medicaid Information Line.
- ◆ Ask for a State Fair Hearing.



Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
to ask the State for a Fair Hearing

Can I change my Health Plan?

- ◆ You can change your Health Plan during open enrollment each year in June. Then your new Health Plan will start July 1st.
- ◆ A letter will be sent to you each year to remind you of the open enrollment period.
- ◆ After the change, you will have 90 days to change your Health Plan if you have a problem.
- ◆ If you feel you must change your Health Plan when it is not open enrollment, call your HPR. They may be able to help.
- ◆ Remember! Changing your Health Plan may change all the doctors, clinics and other medical experts you may use.

What is a TPL? (Third Party Liability)

When you have other health insurance (or Medicare) and Medicaid, this is called a TPL. You must let us know if there is insurance (or Medicare) that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if you get insurance (or Medicare) for anyone that has the same case number you do.

The TPL information prints on your Medicaid Card. You must call the TPL unit at the ORS (**O**ffice of **R**ecovery **S**ervices) to make any changes. Their phone number prints on the bottom of each Medicaid Card.

You might have to choose a Health Plan to match your insurance. Your worker will tell ORS about your insurance.

- ◆ Your doctor's office bills your insurance first, then bills the State or Health Plan for the part of the bill your insurance won't cover. Medicaid pays last.

<p style="text-align: center;">ORS TPL Unit (801) 536-8798 or 1-800-821-2237</p>
--

What if I have problems with benefits?

You may feel a service was limited or denied unfairly, or you are getting a bill you don't think you are supposed to pay. You, or your representative, have the right to question these decisions or actions and ask to have a Fair Hearing.

For decisions or actions made by your Health Plan:

- ◆ Call your Health Plan to talk about the problem. Many times the problem can be taken care of that easily.
- ◆ Call your HPR or the Medicaid Information Line. Sometimes they can help.
- ◆ If there is still a problem ask your Health Plan about how to file a Grievance or an Appeal.
- ◆ After your Health Plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid.
- ◆ You must file for a Fair Hearing within 30 days of your Health Plan's final decision.

For decisions made by Medicaid:

- ◆ Call your HPR or
- ◆ Call the Medicaid Information Line.
- ◆ Ask for a State Fair Hearing.

<p>Medicaid Information Line Call (801) 538-6155 or 1-800-662-9651 to ask the State for a Fair Hearing</p>
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How do I use my card?

It is important to know how to use your Medicaid card so you don't have problems getting your bills paid.

- ◆ You will get a colored Medicaid Card* in the mail each month.
- ◆ Check your card each month. Make sure the information on your card is right.
- ◆ The Medicaid program you are eligible for will be printed on your card.
- ◆ Your Health Plan prints on your card.
- ◆ Keep your old cards for at least one year.
- ◆ If you don't receive your card or have lost it, call your eligibility worker.

Remember! Always show your card before you get any kind of medical care. Showing your card helps prevent billing problems.

* The **colored Medicaid Card** tells what program type you have.

The color and Medicaid program types are as follows:

Purple Card = Traditional Medicaid (TM)
Blue Card = Non-Traditional Medicaid (NTM)
Yellow Card = Primary Care Network (PCN)

**Quick Comparison Chart of
Adult Medicaid Programs
Co-Pays and Co-Insurance**

Purple Card Traditional Medicaid 18 years or older	Benefit	Blue Card Non-Traditional Medicaid 19 years or older
* Pharmacy: \$15 per month Inpatient: \$220 per year Physician & Outpatient: \$100 per year	Out of Pocket Maximum	\$500 per calendar year per person
no co-pay	Dental	no co-pay
no co-pay \$6 co-pay for non-emergency use of the ER	Emergency Room	no co-pay \$6 co-pay for non-emergency use of the ER
Office Visit - no co-pay Pharmacy - no co-pay See the current Over the Counter (OTC) list	Family Planning	Office Visit - no co-pay Pharmacy - no co-pay See the current Over the Counter (OTC) list
* \$220 yearly co-pay for non-emergency stays	Inpatient Hospital	* \$220 yearly co-pay for non-emergency stays
no co-pay	Lab	no co-pay
no co-pay	Medical Equipment and Supplies	no co-pay
no co-pay at prepaid Mental Health Center	Mental Health	no co-pay - limited benefit of 30 yearly inpatient stays, 30 yearly outpatient visits

*Pregnant women and children do not have co-pays.

**Quick Comparison Chart of
Adult Medicaid Programs
Co-Pays and Co-Insurance
(continued)**

Purple Card Traditional Medicaid 18 years or older	Benefit	Blue Card Non-Traditional Medicaid 19 years or older
no co-pay no co-pay \$1.00 co-pay Chiropractic through Chiropractic Health Plan (CHP)	Occupational Therapy Physical Therapy Chiropractic	\$3 co-pay - limited to a combined 16 visits per calendar year \$3 co-pay Chiropractic through Chiropractic Health Plan (CHP)
Office visit - \$3 per visit Outpatient - \$2 per visit	Office Visits & Outpatient	Office visit - \$3 per visit Outpatient - \$3 per visit - no co-pay for preventative care or immunizations
co-pay \$3 for each prescription - limited to \$15 monthly	Pharmacy	co-pay \$2 per prescription
no co-pay	Transportation	no co-pay
no co-pay - annual eye exam, glasses every two years	Vision Services	Annual coverage limited to \$30 for an eye exam. Glasses not covered
no co-pay	X-Ray	no co-pay

*Pregnant women and children do not have co-pays.

Is it urgent care I need or is it an emergency?

Urgent Care

Urgent care is needed when you have an illness or accident. You get urgent care when your problem is serious, but you could wait one day to see your doctor.

Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. Your Health Plan may have urgent care clinics which are open after normal office hours and weekends. Check your Health Plan provider directory.

Examples of urgent care:

- ◆ You fall and sprain your wrist or ankle.
- ◆ Your child wakes up in the night with an earache.
- ◆ You have a bad cough or high fever.
- ◆ You are vomiting a lot.
- ◆ You have a cut that needs stitches.



Emergency Care

Use the hospital emergency room that is closest to you. Use emergency care when you have a serious medical problem that can't wait. In such cases, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. **But, if your doctor or Health Plan tells you to go to the emergency room, go as soon as possible.** Your doctor may provide any needed follow-up care.

Examples of emergencies:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bones
- ◆ Poisoning

If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or pay the entire bill.

Am I covered if I am out of the area?

You are covered for urgent or emergency care when you are out of your service area or out of the state. If you are in Utah where there are no medical providers who take your Health Plan, this is called “out of the area.” If while visiting out of the area or out of state you have an emergency, ask the medical provider to bill your Health Plan. Ask the pharmacy to contact the Utah Medicaid Information Line. Routine care is not covered by your Health Plan when you are out of the area.

Your Health Plan pays the bill *as long as the provider is willing to bill* them for urgent or emergency care. You may need to call your Health Plan to report all out of area urgent or emergency care services.

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
If you have any questions about bills.

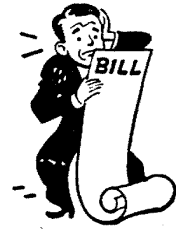
Can I get Medicaid for past months?

You can apply for Medicaid coverage for past months. You won’t have a Health Plan for those months. Ask your doctors to bill the State. Your doctors *do not* have to accept your Medicaid for past services, but sometimes they will.



What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. You may get a bill from your doctor's office. If the bill says "do not pay" or "your insurance has been billed" you don't have to worry about the bill. If the bill says you owe an amount you should:



1. Call your doctor's office. Make sure they billed your Health Plan or the State, whichever one you had for the month you were seen.
2. If the doctor's office did bill your Health Plan or the State but the bill is still not paid, call your Health Plan or the State.
3. If you have called your doctor's office and your Health Plan or the State and you still have problems, call your HPR.

Don't get stuck with the bill.

Be careful of the following things. You could end up paying your own medical bills:

- ◆ If you don't show your card before getting care.
- ◆ If you don't get a referral before seeing a specialist.
- ◆ If you see someone who isn't part of your Health Plan.
- ◆ If you get a service Medicaid doesn't cover and you have signed a form in your doctor's office saying you know it is not a covered service, but you want the service anyway.
- ◆ For services you receive when you are not eligible for Medicaid.
- ◆ For services you receive during an Appeal, Grievance or Hearing that is denied.

What are my rights?

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly and with courtesy and respect.

- ◆ You have the right to have your privacy protected and be treated with dignity.
- ◆ You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- ◆ You have the right to receive information on all available treatment options.
- ◆ You have the right to participate in decisions regarding your medical care, including refusing treatment.
- ◆ You have the right to ask for a copy of your records and request that they be changed.
- ◆ You always have the right to be treated fairly.

If you feel you have been treated unfairly or discriminated against, call the State or your Health Plan and ask for the Civil Rights Coordinator, or call the Federal Office for Civil Rights.

Civil Rights Medicaid Constituent Services
1-877-291-5583

Federal Office for Civil Rights
1-800-368-1019
(Voice 1-800-537-7697 (TDD))

What if I have problems with eligibility?

When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following:

- ◆ Talk about the problem with your case worker and their supervisor.
- ◆ Call the "Office of Constituent Services" for help.
- ◆ Ask a worker for a Fair Hearing form. Most letters you receive from your worker will have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.

Medicaid Constituent Services
Medicaid only - (801)538-6417 or 1-877-291-5583

Medicaid with other programs such as food stamps
or financial help - (801) 526-4390 or 1-800-331-4341

Other important things to know?

Remember, the State pays your Health Plan and other plans even if you don't use your Medicaid benefits. If you shouldn't have been eligible, you may have to repay the State those payments.

What is a PCP? (Primary Care Physician)

A PCP is a doctor you see for most of your medical care. A PCP knows you, your medical history and your family history. You see a PCP for routine care and sudden illness too. A PCP refers you to specialists when you have serious medical problems. A PCP watches over and directs all of your medical care.

Here are examples of the kinds of doctors who can be a PCP:

- ◆ Family Practice (for all ages)
- ◆ Internal Medicine (for adults)
- ◆ Pediatrician (for children)
- ◆ OB/GYN (for women)

Some Health Plans may require that you have a PCP.

If your Health Plan has you choose a PCP, you need to go to that doctor for most of your medical care. If your Health Plan doesn't have you choose a PCP, you can see any PCP who is with your Health Plan. You may need to get a referral before you see a specialist.

What is a Referral?

Sometimes you may need health care from a specialist that your primary care doctor cannot provide. You may need a referral to receive this care. Your doctor may send a referral form or call the specialist for you if your Health Plan requires a referral.

What is a Specialist?

A specialist is a doctor who works with certain health problems. Examples of doctors who are specialists:

- ◆ Cardiologist (Heart)
- ◆ ENT (Ear Nose and Throat)
- ◆ Orthopedist (Bone)

Your doctor might suggest a couple of specialists you could see. You must find a specialist who is part of your Health Plan. *You will have to pay the bill if you see a specialist who is not part of your Health Plan.*

What is Prior Approval or Prior Authorization?

To get some services covered by Medicaid or your Health Plan, your doctor may need permission first. This is called a prior approval or prior authorization. Most services don't need a prior approval, but some do. Your doctor's office must get permission before they give you a service that needs a prior approval.

If a request for a prior approval or authorization is denied or not approved, you will receive a letter with instructions on how to ask for a change in the decision.

What is a Co-Pay?

You may have to pay a fee for some benefits and services, this is called a co-pay*.

A message will be printed on your medical card if you have a co-pay. You may need to pay a fee or co-pay when you:

- ◆ Visit the doctor or clinic
- ◆ Visit the hospital for outpatient services
- ◆ Pick up your prescriptions

Other things you may want to know about the co-pay:

- ◆ If you do not pay your co-pay your doctor or medical provider can refuse to see you.
- ◆ You should get a receipt for your co-pay from your medical provider each time you see them.
- ◆ Make sure you save your receipts.

****Pregnant women and children do not have a co-pay.***

What is a Co-Insurance?

You may have to pay a fee when you stay overnight as a patient in the hospital, this is called co-insurance*:

- ◆ A message will print on your medical card if you need to pay this fee.
- ◆ Get and save a receipt for your co-insurance from the hospital.

****Pregnant women and children do not pay co-insurance.***

Is there a limit to how many prescriptions I can get?

You may have a limited number of prescriptions per month with some Medicaid programs.

- ◆ Medicaid will review your medical history to see if you need more than the allowed prescription limit each month.
- ◆ You may be notified when you have used more than the allowed prescriptions per month.
- ◆ Over the Counter Drugs will count as part of your total number of prescriptions.

What is an “Out of Pocket” maximum?

Each Medicaid program has a limit or maximum to the amount you pay in co-pays and co-insurance each year:

- ◆ The amount you pay is counted from January through December.
- ◆ Get receipts for your co-pays and co-insurances.

If you have questions, call
The Medicaid Information Line
(801) 538-6155 or 1-800-662-9651

Basic Medicaid Benefits

Benefits Covered by Medicaid

- ◆ Ambulance
- ◆ Birth Control
- ◆ Case Management
- ◆ CHEC Program or Well Child Exams
- ◆ Chiropractic Services
- ◆ Dental
- ◆ Doctor Visits
- ◆ Emergency Room
- ◆ Eye Exams and Eyeglasses
- ◆ Home Health Care
- ◆ Hospice Care
- ◆ Hospital
- ◆ Lab and X-ray
- ◆ Maternity Care
- ◆ Medical Supplies
- ◆ Mental Health
- ◆ Midwife Services
- ◆ Nursing Home Services
- ◆ Over-the-Counter Drugs
- ◆ Personal Care Services
- ◆ Physical Therapy/ Occupational Therapy
- ◆ Prescriptions*
- ◆ Specialists
- ◆ Speech and Hearing Services
- ◆ Tobacco Cessation Services for Pregnant Women
- ◆ Transportation Services
- ◆ Waiver Programs

We want you to find out more about the benefits covered by Medicaid. Some benefits may not be covered or may be limited depending on which Medicaid program you qualify for.

****After January 1, 2006, Medicaid clients who are eligible for Medicare will not have prescription benefits.***

Ambulance

When seconds count call 911 for an ambulance. The State covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to the closest hospital.

Birth Control

You may get family planning services from any provider who accepts State Medicaid or your Health Plan without a co-pay. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription. The following forms of birth control may be covered by your Medicaid program.

- ◆ Birth Control Pills
- ◆ Foams
- ◆ Creams
- ◆ Diaphragms
- ◆ IUDs
- ◆ Norplant
- ◆ Birth Control Patches
- ◆ Shots (Depoprovera)
- ◆ Condoms
- ◆ Emergency Birth Control (Morning After Pill)
- ◆ Sterilization*

*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a "consent form" 30 days before the surgery. Medicaid doesn't pay to reverse these surgeries.

Case Management (Coordination of Care)

Some Health Plans have case management programs. If you have serious health problems, ask to speak with a case manager with your Health Plan. A case manager helps make sure you get the medical care you need.

CHEC Program or Well Child Exams

CHEC is for **C**hild **H**ealth **E**valuation and **C**are. This is a special benefit for children on Medicaid. CHEC is about keeping children healthy. Anyone from birth through age 20* who is on Medicaid can get CHEC covered services.

*NTM (Non-Traditional Medicaid) covers CHEC exams through age 18.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.



CHEC services include:

- ◆ Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening (if requested) and growth and development check.
- ◆ Shots (immunizations) to keep your child healthy.
- ◆ Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- ◆ Follow up treatment and care if a health problem is found during a CHEC exam.
- ◆ Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- ◆ Newborns - as soon as possible after birth.
- ◆ Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- ◆ Toddlers - ages 3, 4, and 5. More shots are due at some of these visits.
- ◆ Children - ages 6, 8, 10 and 12.
- ◆ Teenagers and Young Adults - ages 14, 16, 18 and 20.

If you missed a check up at one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

Your local health department has more information about the CHEC program. Call and they will help you make an appointment for a CHEC exam. Or, you can call your doctor or dentist yourself. The numbers for the local health departments are in "The Resources" section at the back of this book.

Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. Your plan pays the bills for your chiropractic care. You may see any chiropractor who is on the plan.



Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.

Dental Benefits

Your dental Services may include routine dental exams, fillings, x-rays, stainless steel crowns, limited root canals, dentures and partial dentures and sealants for children. Some oral surgery can be covered as well.

The State has clinics where you can get your dental care. They are called **Family Dental Plan** clinics. Check "The Resources" section to see if there is one in your area. You can also call your dentist to see if they accept Medicaid. Or, call the Medicaid Information Line for names of dentists in your area.

Medicaid Information Line

Call (801) 538-6155 or 1-800-662-9651

Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor (PCP). We have explained PCP earlier in the book on page 14. If your doctor feels your problems are too serious to treat in the office, your doctor may refer you to a specialist. Make sure that you see a doctor who accepts your Health Plan.

Emergency Room

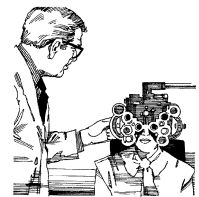
Use the emergency room only when you have a serious medical problem that cannot wait. Waiting could mean permanent harm or death.

In an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. Your doctor may provide any care needed to follow up after the emergency. We have explained the emergency room in more detail earlier in the book on page 9.

Eye Exams and Eyeglasses

Medicaid *may* cover services for both Optometrists and Ophthalmologists. An Optometrist is trained to examine eyes and prescribe eyeglasses. An Ophthalmologist is a medical doctor who specializes in eye disease and can perform eye surgery.

You may need to get a referral from your doctor before you see an Ophthalmologist. You don't need a referral to see an Optometrist.



If glasses are a covered benefit under your program, your provider will show you a selection of glasses to choose from that Medicaid will pay for in full. You can choose more expensive eyeglasses. But, you must pay the difference between what your Health Plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for more expensive glasses.

Home Health Care

Home health care is for people who are too sick to leave their home. It is for people who can't go to the doctor's office for care they need, but don't need to be in a hospital or nursing home. Prior approval is needed to receive home health care.

Some types of care you *might* receive in your home are:

- ◆ Physical therapy and other therapies
- ◆ Nursing
- ◆ Care from a Home Health Aide

Talk to your doctor if you need home health care. Before you get any home health care your doctor must first write an order for you. You must use a Home Health Agency that is part of your Health Plan.



Hospice Care

Hospice is care for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services. Prior approval is needed for some hospital services. Use a hospital that is with your Health Plan.

Lab and X-ray Services

Many Lab and X-ray services are covered by Medicaid. You might get these services in your doctor's office. Your doctor might need to refer you to another clinic, lab or hospital that is with your Health Plan.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your worker to report the pregnancy. Early prenatal care helps you give birth to a healthy baby.

You may choose to see a specialist such as an OB-GYN or a CNM (Certified Nurse Midwife) that is with your Health Plan. Medicaid covers:

Prenatal visits, lab work and tests you may need (like an ultrasound).

- ◆ Charges for labor and delivery
- ◆ Anesthesia (pain treatment)
- ◆ Hospital stay
- ◆ Your 6 week checkup after the baby is born

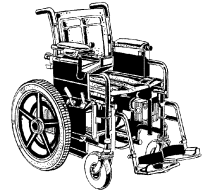
You can stay in the hospital for as long as your provider feels it is necessary.

Your baby *may* be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.

Medical Supplies

Medicaid *may* cover many medical supplies. Some examples of medical supplies are:

- ◆ Wheelchairs
- ◆ Prosthetic devices
- ◆ Bandages or wound care supplies
- ◆ Vaporizers or humidifiers



Talk to your doctor if you need medical supplies. Your doctor may write an order. Give the order to a medical supplier who is with your Health Plan.

Mental Health Care

Every month Medicaid pays money so you can be part of a **Prepaid Mental Health Plan (PMHP)**. The PMHP's name prints on your Medicaid card. A list of PMHP's are in "The Resources" section of this booklet. The PMHP pays most of your mental health bills. Earlier in the book on page 11, you will find information about what to do if you get a bill.

Mental Health Services your PMHP can provide are:

- ◆ Inpatient mental health services
- ◆ Evaluations
- ◆ Medication Management
- ◆ Psychological Testing
- ◆ Individual and Group Therapy
- ◆ Skills Development Services
- ◆ Case Management Services
- ◆ Transportation to Mental Health appointments
(Call your PMHP or talk to your therapist if you need help with transportation)
- ◆ Personal Services
- ◆ Respite Care



Children who are in foster care get inpatient mental health services through the PMHP. Foster care children may use any Medicaid provider for outpatient mental health services.

If you need inpatient drug or alcohol detox services, check with your Health Plan. You can get outpatient substance abuse services from any Medicaid substance abuse provider.

What if I have problems with Mental Health benefits?

You may think a Mental Health service was denied when it shouldn't have been. You might have an unpaid Mental Health bill. You have the right to question these decisions and ask to have a Fair Hearing.

For decisions made by your PMHP that you don't agree with:

- ◆ Call your therapist or PMHP to talk about the problem.
- ◆ Call the Medicaid Information Line.
- ◆ Call your HPR.
- ◆ If there is still a problem, ask your PMHP about filing a grievance.
- ◆ If you still feel your PMHP is being unfair, ask for a Fair Hearing with State Medicaid.

Midwife Services

You can choose to see a midwife for care during your pregnancy. You must choose a certified nurse midwife who is with your Health Plan. Certified nurse midwives can deliver babies in the hospital in case of an emergency during delivery.



Nursing Home

Medicaid covers nursing home care. Long term care is when a person stays in a nursing home more than 30 days. Long term nursing home patients do not have to select a Health Plan. Talk to your worker about any special rules with long term nursing home eligibility.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When this stay is less than 30 days they will continue with their Health Plan.

Personal Care Services

Personal Care Services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. The services are provided by a home health agency that is with your Health Plan.



Physical Therapy / Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. Make sure to use a physical therapist who is with your Health Plan.

Prescriptions

If you are eligible for Medicare, please talk to your HPR or eligibility worker regarding prescription benefit changes.

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need you may get the name brand. Some prescriptions require prior approval.

The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.

- ◆ Medicaid will review your medical history to see if you need more than the allowed prescriptions per month.
- ◆ Over-the-Counter Drugs will count as part of your allowed prescriptions.
- ◆ If you have any questions call the Medicaid Information Line.

Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions.



Over-the-Counter Drug List

Medicaid covers many over-the-counter medicines like aspirin, Tylenol, cough and cold remedies. You need a prescription for Medicaid to pay for them. Here is a list of covered drugs. **Remember: Over-the-Counter drugs are counted towards your monthly prescription limit.**

Listed are some common brand names to help you know what is covered.
Prescriptions may be filled with the generic brand.

Acetone tests	Glucose blood tests, Chemstrip BG, One-
Actifed*	touch, Ultra etc. Glucose urine tests,
Alcohol swabs	Clinitest, Clinistix, Diastix, etc
Antacid liquid & tablets (Tums)	Glucose
Aspirin*	Gyne-Lotrimin*
Axid AR	Hydrocortisone cream, ointment or
Benadryl*	suppositories*
Benylin	Imodium AD*
Buffered aspirin*	Insulin*
Calcium tablets (but not oyster shell)	Insulin syringe (with disposable needle) 100
Chlor-trimeton	max
Citrate of Magnesia	Iron supplement (Ferrous Salts)
Claritin, Claritin decongestant	Kaopectate
Codimal DM	Lancets* (Does not count toward monthly
Contraceptive creams, foams, tablets,	limit)
condoms*	Lotrimin, Lotrimin AF*
Dramamine	Maalox suspension
Drixoral	Mag-Carb
DSS caps, liquid, syrup and	Metamucil*
concentrate drops %5*	Milk of Magnesia*
Dulcolax*	Monistat 7*

Motrin tablets or drops*	Prophylactics or condoms, male and female*
Mycelex OTC	Rid*
Naldecon DX	Robitussin*
Neosporin ointment*	Robitussin DM*
Niacin 250 mg, 500 mg	Sudafed
Nix*	Tagamet HB*
Pediacare Cough-Cold	Tavist 1
Pedia Relief Cough & Cold	Tri Vi Sol (under age 5)
Pedialyte (covered only until age 10)	Triaminic line* (generic only)
Pepcid AC*	Tylenol *
Pepto-Bismol	Zantac 75*
Poly Vi Sol (under age 5)	

Non-Traditional Medicaid covers only the drugs with the ().

This list may change without notice.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. Make sure you use a specialist who works with your Health Plan.

Speech and Hearing Services

Some Medicaid programs *may* cover Speech and Hearing Services. Your doctor may refer you to a speech therapist or an audiologist.

Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid *may* cover your trip to and from medical appointments. This may include:

- ◆ UTA Bus Pass
- ◆ UTA Flex Trans
- ◆ ***PickMeUp*** Medical Transportation

UTA Bus Pass - Call your Medicaid case worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

UTA Flex Trans- If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service call UTA at:

Salt Lake County	566-2334
Weber County	393-1736
Davis County	1-888-394-9150
Utah County	374-9306

PickMeUp - For Routine transportation from ***PickMeUp***, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for ***PickMeUp***.

For Urgent care you do not need a letter on file. ***PickMeUp*** will call your doctor to verify the need for urgent care.

Call <i>PickMeUp</i> 1-888-822-1048

Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. If you do, you will get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or the community.

The services may include:

- ◆ Emergency response service
- ◆ Homemaker service
- ◆ Group home
- ◆ Day treatment center
- ◆ Adult day care
- ◆ A private nurse
- ◆ Family support
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members
- ◆ Someone to help you work at a job
- ◆ Transportation to places other than a doctor's office or clinic



Waivers allow Medicaid to pay a Case Manager to help you get this care. The extra services are different for each waiver program.

These programs limit the number of people who may be served. For information about how to apply for a waiver program, call the numbers below.

- ◆ Brain Injury Waiver
Call DSPD (**D**ivision of **S**ervices for **P**eople with **D**isabilities) at (801) 538-4200
- ◆ DDMR Waiver (**D**evelopmentally **D**isabled/ **M**entally **R**etarded)
Call DSPD at (801) 538-4200
- ◆ Technology Dependant/ Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver).
Call CSHCS - **C**hildren's **S**pecial **H**ealth **C**are **S**ervices at 1-800-829-8200
- ◆ Aged Waiver
Call AAA (**A**rea **A**gency on **A**ging) 1-800-541-7735
- ◆ Personal Assistance Waiver
Call (801)538-4200

Other State Programs

- ◆ CHIP (Child Health Insurance Program)
- ◆ FQHC (Federally Qualified Health Centers) and RHC (Rural Health Centers)
- ◆ PCN (Primary Care Network of Utah)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ The Restriction Program
- ◆ Spenddown Program (Medically Needy)

CHIP (Child Health Insurance Program)

CHIP is a state health insurance plan for children who qualify. Apply for CHIP during Open Enrollment. To find out when Open Enrollment will be held, watch and listen for TV, radio, and other announcements. You may also call 1-877-KIDS-NOW (1-877-543-7669) or visit the CHIP website at www.health.utah.gov/chip. During Open Enrollment apply online, mail in an application, or visit a Utah Department of Health eligibility office.

FQHC (Federally Qualified Health Centers) and RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see patients who have insurance including Medicaid.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in "The Resources" section.

PCN (Primary Care Network of Utah)

The Primary Care Network (PCN) is health coverage for adults who qualify. PCN covers about 19,000 Utah adults. PCN covers preventive services. Applications are only accepted during enrollment sessions. The federal government requires PCN to enroll more parents than people without children. Because of this, PCN schedules separate enrollment times for parents and those without children. To enroll, watch and listen for announcements about the next PCN enrollment session in the news or visit online. Call 1-888-222-2542 or visit www.health.utah.gov/pcn for information.

PCN Covered at Work

Covered at Work may be able to help pay for part of your health insurance. You must qualify and have access to health insurance through your job. Covered at Work helps pay for private health insurance. Up to 6,000 working Utahns may enroll. If you qualify, you will be reimbursed for up to \$50 of the cost of your part of your health insurance each month. Apply by mail, online, or visit a Utah Department of Health eligibility office. For questions or to get an application, call the Health Resource Line at 1-888-222-2542. To apply online or for more information, visit www.health.utah.gov/caw

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid.

Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

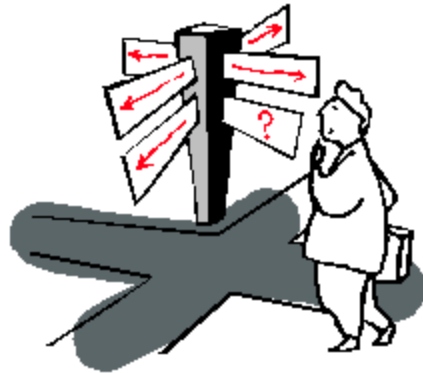
The Restriction Program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the Restriction Program they will have a doctor and pharmacy that prints on their card along with their Health Plan. They need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the Restriction Program you are allowed to change the doctor and pharmacy. You must go through your Restriction Program Manager. You can contact them by calling (801) 538-9984 or 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spenddown.

Resources



Resources

Access Utah Network-Disability Information & Referral

155 S 300 W Suite 100 Salt Lake City, 84102 (801) 533-INFO
 Toll Free Dial '1' & Then (800) 333-UTAH

Aging Services

2001 S State, #S-1500 Salt Lake City, 84190 (801) 468-2454
 Weber County, Ogden (801) 625-3771
 Davis County, Farmington (801) 451-3385
 Utah, Summit & Wasatch County (801) 229-3804

AIDS/HIV Prevention and Services

288 N 1460 W Salt Lake City, 84114 (801) 538-6096
 Toll Free Dial '1' & Then (800) 537-1046

AIDS/Ryan White Title III (Medical Services for people with AIDS/HIV)

50 N Medical Drive Salt Lake City, 84132 (801) 581-8479

American Red Cross

465 S 400 E Salt Lake City, 84110 (801) 323-7000
 Toll Free Dial '1' & Then (800) 328-9272

Arthritis Foundation

448 E 400 S Suite 103 Salt Lake City, 84111 (801) 536-0990
 Toll Free Dial '1' & Then (800) 444-4993

Baby Your Baby Hotline

Toll Free Dial '1' & Then (800) 826-9662

Blind and Visually Impaired (Division of Services)

250 N 1950 W STE B, Salt Lake City, 84116 (801) 323-4343
 Toll Free Dial '1' & Then (800) 284-1823

BES (Bureau of Eligibility Services) Medicaid

..... (801) 538-9984
 Toll Free Dial '1' & Then (800) 662-9651

Cancer Information Service

Toll Free Dial '1' & Then (800) 4-CANCER

Catholic Community Services

2570 W 1700 S Salt Lake City, 84104 (801) 977-9119
 Ogden (801) 394-5944

CHEC (Child Health Evaluation and Care) Program

..... See "Local Health Depts"

CSHCS (Children's Special Health Care Services)

Toll Free Dial '1' & Then (800) 829-8200

CHIP (Child Health Insurance Program)

Toll Free Dial '1' & Then (888) 222-2542

Chiropractic Health Plan

9135 S Monroe Ste B Sandy, 84070 (801) 352-7270
Toll Free Dial '1' & Then (800) 339-5958

CAP (Community Action Program)

764 S 200 W Salt Lake City, 84101 (800) 796-2444

Constituent Services

Governor's Office

Toll Free Dial '1' & Then (800) 705-2464

Medicaid (only)

Toll Free Dial '1' & Then (877) 291-5583

Medicaid (with other programs)

Toll Free Dial '1' & Then (800) 331-4341

Deaf, Utah Association for the , Inc.

5709 S 1500 W Salt Lake City, 84123 (801) 263-4860

Diabetes Association

340 E 400 S Salt Lake City, 84111 (801) 363-3024

Toll Free Dial '1' & Then (800) 888-1734

Disabled Rights Action Center

2757 S 300 W Salt Lake City

Toll Free Dial '1' & Then (800) 478-9314

DSPD (Division of Services to People with Disabilities)

655 E 4500 S Murray, 84114 (801) 264-7620

Domestic Violence Information

Toll Free Dial '1' & Then (800) 897-5465

Easter Seal Society of Utah

638 E Wilmington Ave Salt Lake City, 84106

Toll Free Dial '1' & Then (800) 388-1991

Family Dental Plans

Heber: 55 S 500 E Heber City, 84032 (435) 654-2700

Layton: 360 S Fort Lane Bld 3 Suite A Layton, 84041 (801) 546-2263

Ogden: 298 24th St. Suite 360 Ogden, 84401 (801) 394-4495

Provo: 150 E Center St. Suite 1100 Provo, 84606 (801) 374-7011

Salt Lake City: 3195 S Main St, Suite 200, Salt Lake City (801) 468-0342

Salt Lake City: 4535 S 5600 W Salt Lake City, 84120 (801) 969-8243

St George: 321 N Mall Dr Suite 101 St George, 84771 (435) 652-3806

FQHC (Federally Qualified Health Centers) (income based fees)

Carbon Medical Services: 305 Center St. East Carbon, 84520 (435) 888-4411

Central City Community Health Center

461 S 400 E Salt Lake City, 84111 (801) 539-8617

Copperview Community Health Center

8446 S Harrison Midvale, 84047 (801) 566-5494

Enterprise Valley Med. Center	
223 S 200 E Enterprise, 84725	(435) 878-2281
Green Valley Medical Center	
305 W Main, Green River, 84525	(435) 564-3434
Midtown Community Health Center	
670 28 th Street Ogden, 84403	(801) 393-5355
Montezuma Creek Health Center	
262 Montezuma Creek, 84534	(435) 651-3291
Mountainlands Community Health Center	
215 W 100 N Provo, 84601	(801) 374-9660
Oquirra View Community Health Center	
4745 S 3200 W Salt Lake City, 84118	(801) 964-6214
Stephen D. Ratcliffe Health Clinic	
1365 W 1000 N Salt Lake City, 84116	(801) 328-5750
Southwest Utah Community Health Center	
168 North 100 East St. George, 84770	(435) 986-2565
Wasatch Homeless Health	
404 S 400 W Salt Lake City, 84101	(801) 364-0058
Wayne County Medical Clinic	
128 S 300 W Bicknell, 84175	(435) 425-3744
Health Clinics of Utah	
Ogden: 2540 Washington Blvd, Ste 122, 84401	(801) 626-3670
Provo: 150 E Center St, Rm1100, 84606	(801) 374-7011
Salt Lake: 3195 S Main St, #200, 84115	(801) 468-0354
Health Plans	
Healthy U	
Toll Free Dial '1' & Then	(888) 271-5870
IHC Access (Medicaid Information Line)	
Toll Free Dial '1' & Then	(800) 662-9651
Molina (formerly AFC)	
Toll Free Dial '1' & Then	(888) 483-0760
HPRs (Health Program Representatives)	
American Fork	
895 N 900 E American Fork, 84003	(801) 374-7864
Clearfield	
1350 E 1450 S Clearfield, 84015	(801) 776-7377
Ogden	
2540 Washington Blvd. Ogden 84402 or	
480 27 th St Ogden, 84401	(801) 626-3351
or call	(801) 626-3350

Provo	
150 E Center Street Provo, 84606 or	
1550 N Freedom Blvd Provo, 84604	(801) 374-7864
Roy	
1951 W. 5400 So. Roy, 84067	(801) 776-7200
Spanish Fork	
1185 N Chappel Drive Spanish Fork, 84660	(801) 374-7864
SLC/ Expo	
158 S 200 W Salt Lake City, 84145	(801) 524-9071
SLC/ Metro	
720 S 200 E Salt Lake City, 84111	(801) 536-7112
SLC/ Midvale	
7292 S State St Salt Lake City, 84047	(801) 567-3835
SLC/ South County	
5735 Redwood Rd Taylorsville, 84123	(801) 269-4860
West Valley	
2750 So 5600 W West Valley City, 84120	(801) 840-4456
Woods Cross	
763 W 700 S Woods Cross, 84087	(801) 298-6600
Indian Walk In Center	
120 W 1300 S Salt Lake City, 84115	(801) 486-4877
Information & Referral	211
Local Health Departments	
Bear River District Health	
655 E 1300 N Logan, 84321	(435) 752-3730
Bountiful Clinic	
1650 S Main #109B Bountiful, 84010	(801) 451-3310
Central Utah Health Dept	
70 Westview Dr. Richfield, 84701	(435) 896-5451
Davis County Health Dept	
Courthouse Annex: 50 State St Farmington, 84025	(801) 451-3310
Ellis Shipp Public Health Clinic	
4535 S 5600 W West Valley City, 84120	(801) 963-7335
Layton Clinic	
360 S Fort Lane Layton, 84041	(801) 451-3310
Rose Park	
1625 W 700 N, Salt Lake City, 84116	(801) 322-0502
Salt Lake City/County Health	
610 S 200 E Salt Lake City, 84111	(801) 468-2750
2001 S State St Salt Lake City, 84190	(801) 468-2800
South East Clinic	
9340 S 700 E Sandy, 84070	(801) 255-7114

South Main Public Health	
3195 S Main St. Salt Lake City, 84115	(801) 464-8966
Southeastern Utah District Health	
28 S 1 st E PO Box 800 Price, 84501	(435) 637-3671
Southwest Utah Public Health	
168 N 100 E St George, 84770	(435) 673-3528
Summit City/County Health	
85 N 50 E PO Box 128 Coalville, 84017 (Ext 3222)	(435) 336-4451
Tooele County Health	
151 North Main Tooele, 84074	(435) 843-2310
TriCounty Health	
147 E Main St. Vernal, 84078	(435) 781-5475
Utah City/County Health	
589 S State St Provo, 84606	(801) 370-8700
Wasatch City/County Health	
805 W 100 S PO Box 246 Heber, 84032	(435) 654-2700
Weber/ Morgan District Health	
2233 Grant Ave Ogden, 84401	(801) 399-6150
Weber/ Morgan District Health	
2570 Grant Ave. Ogden, 84401	(801) 399-8433
West Jordan	
1740 W 7800 S Salt Lake City, 84084	(801) 569-4370
Lung Association	
1930 S 1100 E Salt Lake City, 84106	
Toll Free Dial '1' & Then	(800) LUNG-USA
Make a Wish Foundation	
2091 E 4800 S, STE 15, Salt Lake City, 84117	
Toll Free Dial '1' & Then	(800) 860-9474
March of Dimes	
515 E 4500 S , Murray, 84107	(801) 293-3300
Toll Free Dial '1' & Then	(877) 881-9255
Medicaid Information Line	(801) 538-6155
Toll Free Dial '1' & Then	(800) 662-9651
Medicare Information	
Toll Free Dial '1' & Then	(800) 633-4227
Medicare Claims Information	
Medicare A-Hospitals	(877) 602-8817
Medicare B-Physicians	(800) 426-3477
Toll Free Dial '1' & Then	(800) 426-3477

Mental Health Centers

Bear River Mental Health	
Counties-Box Elder, Cache, Rich	(435) 752-0750
Central Utah Mental Health	
Counties-Puite, Sevier, Juab, Wayne, Millard, Sanpete	
Toll Free Dial '1' & Then	(800) 523-7412
Davis Mental Health	
County-Davis	(801) 451-7799
Four Corners Mental Health	
Counties-Carbon, Emery, Grand	(435) 637-2358
Heber Counseling Center	
County-Wasatch	(435) 654-1618
Northeastern Counseling Center	
Counties- Duchesne, Uintah, Daggett	(435) 789-6300
San Juan Mental Health	
County-San Juan	(435) 678-2992
Southwest Mental Health	
Counties-Beaver, Garfield, Iron, Kane, Washington	
.....	(435) 634-5600
Valley Mental Health	
Counties-Salt Lake, Summit, Tooele	(801) 263-7100
Wasatch Mental Health	
Utah County	(801) 373-4760
Weber Mental Health	
Counties-Morgan, Weber	(801) 625-3700
For counties not listed call Medicaid Information	
.....	(801) 538-6155
Toll Free Dial '1' & Then	(800) 662-9651
ORS TPL Unit	(800) 821-2237
PCN (Primary Care Network)	
Toll Free Dial '1' & Then	(888) 222-2542
Planned Parenthood Clinics	(800) 230-PLAN
PickMeUp	
Toll Free Dial '1' & Then	(888) 822-1048
Poison Control	(800) 222-1222
Pregnancy Risk Line	(800) 822-BABY
Restriction Program	(801) 538-9045
Toll Free Dial '1' & Then	(800) 662-9651

RHC (Rural Health Centers) (income based fees)

Beaver Medical Clinic	
1059 N 100 th W, Beaver 84713	(435) 438-2426
Blanding Medical Center Emergency & Birthing Services	
930 N 400 W, Blanding 84511	(435) 678-3434
Bryce Valley Clinic	
10 W Center, Centerville 84718	(435) 679-8545
Circleville Clinic	
145 W Main, Circleville 84723	(435) 577-2958
Coalville Health Center	
82 N 50 E, Coalville 84017	(435) 336-4403
Duchesne Valley Medical Center	
50 E 200 S Duchesne, 84021	(435) 738-2426
Emery Medical Center	
90 W Main, Castledale 84513	(435) 381-2305
Garfield Memorial Clinic	
224 N 400 E, Panguitch 84759	(435) 676-8842
Hurricane Family Practice Clinic	
90 S 700 W, Hurricane 84737	(435) 635-4485
Kamas Health Center	
151 W 200 S, Kamas 84036	(435) 783-4385
Kazan Ivan W Memorial Clinic	
65 N Center, Escalante 84726	(435) 826-4374
Milford Valley Clinic	
451 N Main, Milford 84751	(435) 387-2471
Monument Valley Health	
P.O. Box 360-05, Monument 84536	(435) 727-3230
Mountain Utah Family Medicine	
850 N Main, Richfield 84701	(435) 896-9561
For more locations call the Medicaid Information Line	(801) 538-6155
Toll Free Dial '1' & Then	(800) 662-9651

Ronald McDonald House

935 E South Temple, Salt Lake City, 84102	(801) 363-4663
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Salt Lake County Division of Substance Abuse

2001 S State Suite S2300 Salt Lake City, 84190	(801) 468-2009
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Shriners Hospital

Fairfax Road at Virginia Street Salt Lake City, 84103	(801) 536-3500
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Social Security Administration

202 W 400 S Salt Lake City, 84101 (801) 524-4115

Toll Free Dial '1' & Then (800) 772-1213 (US)

TriCounty Children's Dental Clinic

198 W 200 N Vernal, 84078 (435) 781-0875

Tobacco Quit Line

Toll Free Dial '1' & Then (888) 567-TRUTH

Utah Aids Foundation

1408 S 1100 E Salt Lake City, 84105 (801) 487-2323

Toll Free Dial '1' & Then (800) FON-AIDS

Utah Issues (800) 331-5627

Utah Legal Services

205 N 400 W, Salt Lake City, 84013 (801) 328-8891

Utah Assistive Technology Foundation

6835 Old Main Hill, Logan, 84322-6835

Toll Free Dial '1' & Then (800) 524-5152

Veterans Affairs Medical Center

500 Foothill Drive, Salt Lake City, 84148 (801) 582-1565

Toll Free Dial '1' & Then (800) 613-4012

WIC (Women, Infants, and Children)

288 N 1460 W Salt Lake City, 84114 (801) 538-6960

Toll Free Dial '1' & Then (800) 662-3638

Workforce Services

General Information (801) 526-9364